

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SEQ. NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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14						
15		1				
16		1				
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20						
21	1					
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25						
26						
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1	2				
38						
39						
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41						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		1	1	1	1
TOTAL DEP.	34	1	1	1	1	1
TOTAL CLAIMS	37	1	1	1	1	1

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS